

**NEW JERSEY STATE DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT
TRANSMITTAL FORM**

(Type or print in ink)

INSTRUCTIONS

1. Enter name and address of submitting district/private school. include identifying code number for county and district.
2. If transmittal is for contractor employees, enter name and address of company. DO NOT INCLUDE CONTRACTOR EMPLOYEES ON SAME TRANSMITTAL USED FOR DISTRICT/PRIVATE SCHOOL EMPLOYEES, CONTRACTOR EMPLOYEES MUST BE SUBMITTED ON A SEPARATE TRANSMITTAL FORM.
3. Enter name, title, and signature of county, district or school administrator submitting transmittal.
4. Enter date of submission.
5. Complete Employee Roster by listing each submitted employees alphabetically.
6. Retain the district/private/contractor copy of all pages and forward the remainder along with applicant's completed State and Federal fingerprint cards. notarized Applicant Authorized and Certification form, and payment, to the address below.
7. Three digit school code for private agencies only.

TRANSMITTAL

**TO: CRIMINAL HISTORY REVIEW UNIT
NEW JERSEY STATE DEPARTMENT OF EDUCATION
PO Box 500
Trenton, New Jersey 086250500**

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|----------------------|---|------------------------------------|--|---|--------------------------------------|
| <hr/> County Name | <div style="border: 1px solid black; padding: 2px;"> _ _ </div> Code | <hr/> District/Private School Name | <div style="border: 1px solid black; padding: 2px;"> -- _ _ _ _ </div> Code | <div style="border: 1px solid black; padding: 2px;"> _ _ _ _ </div> School Code | <hr/> Contractor Name, if applicable |
| <hr/> | | | | | |
| <hr/> Street Address | <hr/> City | <hr/> State | <hr/> Zip Code | | |

Submitted herewith is the name and social security number of each district/private school or contractor employee hired in accordance with the provisions of **NJSA 18A:6-7.1** et seq., in order to fulfill the district's obligation to provide a thorough and efficient operation.

| | | |
|----------------------------|-------|-------------|
| <hr/> Name (Print or Type) | () | <hr/> |
| | Title | Telephone # |
| <hr/> | | |
| <hr/> Signature | | <hr/> Date |